

**PUBLIC EMPLOYMENT RELATIONS COMMISSION**

Street: 112 Henry Street NE, Suite 300, Olympia, WA 98506

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Phone: (360) 570-7300 Fax: (360) 570-7334 E-mail: filing@perc.wa.gov

**PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION**☐ Amended Petition in Case _____

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PUBLIC EMPLOYMENT
RELATIONS COMMISSIONInstructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.**1. PARTIES** The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.**EMPLOYER** City of Airway Heights

CONTACT PERSON Patrick Rushing

ADDRESS 1208 S. Lundstrom St

CITY, STATE, ZIP Airway Heights, Wa. 99001

TELEPHONE 509-244-5578 ext. _____

FAX 509-244-3413

E-MAIL prushing@cawh.org

**ATTORNEY OR
REPRESENTATIVE**

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ ext. _____

FAX _____

E-MAIL _____

PETITIONER Airway Heights Public Safety Guild

CONTACT PERSON Allen Allbee

ADDRESS 1307 S. Ziegler St

CITY, STATE, ZIP Airway Heights, Wa. 99001

TELEPHONE 509-244-3707 ext. _____

FAX 509-244-5285

E-MAIL romad.tactical@gmail.com

**ATTORNEY OR
REPRESENTATIVE**

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ ext. _____

FAX _____

E-MAIL _____

INCUMBENT BARGAINING REPRESENTATIVE Indicate one.☐ The parties are not currently represented for bargaining; OR☒ The employees involved are currently represented by the organization below:**ATTORNEY OR
REPRESENTATIVE**

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____ ext. _____

FAX _____

E-MAIL _____

ORGANIZATION AFSCME

CONTACT PERSON Dean Vercruysse

ADDRESS 1105 W. Francis Ave. Suite C

CITY, STATE, ZIP Spokane, Wa. 99205

TELEPHONE 509-328-2830 ext. _____

FAX 509-328-3604

E-MAIL deanv@council2.com

2. DESIGNATION OF REQUEST Indicate one.☐ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.☒ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☐ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.**4. OTHER RELEVANT FACTS** Indicate one.☐ Additional information is set forth on separate sheets of paper attached to this petition.**3. BARGAINING UNIT****EMPLOYER'S PRINCIPAL BUSINESS****DEPARTMENT OR DIVISION INVOLVED**

Municipal Government

Police/Fire Department

COLLECTIVE BARGAINING AGREEMENT Indicate one.☐ The parties have never had a contract; OR☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.**NUMBER OF
EMPLOYEES
IN UNIT** 14**DESCRIPTION** Indicate inclusions, exclusions, contract page or case/decision number.**5. SHOWING OF INTEREST**

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

6. AUTHORIZED SIGNATURE FOR PETITIONER

PRINT NAME Allen Allbee

TITLE Guild President

SIGNATURE

DATE 04/12/10